

COLUMBIA COUNTY WATER & SEWERAGE CREDIT/DEBIT AUTHORIZATION FORM

I hereby authorize Columbia County Water & Sewerage to initiate entries using Georgia Bank & Trust Company of Augusta's Business Product to my checking/savings account at the Financial Institution listed below, and if necessary, initiate adjustments for any transactions processed in error. The authority will remain in effect until Columbia County Water & Sewerage is notified by me in writing to cancel it in such time as to afford Columbia County Water & Sewerage and Georgia Bank & Trust Company of Augusta a reasonable opportunity to act on it.

Name: _____
PLEASE PRINT

Address: _____
PLEASE PRINT

Signature: _____ **Date:** _____

Name of Financial Institution: _____
PLEASE PRINT

Address of Financial institution: (Branch, City, State and Zip):

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____
(Look between these symbols 1: :1 on the bottom left of your check)

Water Account Number: _____

Mailing Address: Columbia County Water & Sewerage System
PO Box 204660 Martinez, GA 30917-4660

*****ATTACH VOIDED CHECK*****

